

**(CORPORATION SOLE) ANNUAL LIST OF SUBSCRIBER AND REGISTERED AGENT OF**

FILE NUMBER

NAME OF CORPORATION SOLE

FOR THE FILING PERIOD OF

TO

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

A FORM TO CHANGE REGISTERED AGENT INFORMATION CAN BE FOUND ON OUR WEBSITE:  
[www.nvsos.gov](http://www.nvsos.gov)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

**\*\*YOU MAY NOW FILE YOUR ANNUAL LIST ONLINE AT [www.nvsos.gov](http://www.nvsos.gov)\*\***

**IMPORTANT:** Read instructions before completing and returning this form.

1. Print or type name and address, either residence or business, of subscriber or successor submitting the list. The **Subscriber or Successor** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional subscribers, attach a list of them to this form.
3. Return the completed form with the \$25.00 filing fee. A \$50.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. Make your check payable to the Secretary of State. Your canceled check will constitute a certificate to transact business.
5. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A **copy fee of \$2.00 per page** is required for **each additional copy** generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
6. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
7. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILING FEE: \$25.00 LATE PENALTY: \$50.00

**SUBSCRIBER/SUCCESSOR**

NAME

TITLE

ADDRESS

CITY

STATE

ZIP CODE

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 360.780 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

**X**

**Signature of Subscriber or Successor**

Title

Date



ROSS MILLER  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684 5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)

## Registered Agent Acceptance

(PURSUANT TO NRS 77.310)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

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### Certificate of Acceptance of Appointment by Registered Agent:

In the matter of

Name of Business Entity

I,

Name of Registered Agent

am a: (complete only one)

- a) ☐ commercial registered agent listed with the Nevada Secretary of State,
- b) ☐ noncommercial registered agent with the following address for service of process:

<input type="text"/>	<input type="text"/>	Nevada	<input type="text"/>
Street Address	City		Zip Code

<input type="text"/>	<input type="text"/>	Nevada	<input type="text"/>
Mailing Address (if different from street address)	City		Zip Code

and hereby state that on  I accepted the appointment as registered agent

Date

for the above named business entity.

Signature:

**X**

Authorized Signature of R.A. or On Behalf of R.A. Company

Date



ROSS MILLER  
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Carson City, Nevada 89701-4201  
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## Statement of Change of Registered Agent by Represented Entity

(PURSUANT TO NRS 77.340)

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1. Name of Entity as currently on file:

2. Entity File Number:

3. Type of information being changed by this statement: (check only one)

- ☐ Change of Commercial Registered Agent
- ☐ Change of Name and Address of Noncommercial Registered Agent
- ☐ Change of Name, Title of Office or Other Position with Entity to whom service is to be sent and Address of the Business Office of that Person.

4. Information in effect upon the filing of this statement:

a) Commercial Registered Agent: (change requires a signed registered agent acceptance)

  
Name

b) Noncommercial Registered Agent: (change requires a signed registered agent acceptance)

  
Name

<input type="text"/> Street Address	<input type="text"/> City	Nevada	<input type="text"/> Zip Code
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<input type="text"/> Mailing Address (if different from street address)	<input type="text"/> City	Nevada	<input type="text"/> Zip Code
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c) Title of Office or Other Position with Entity:

  
Name of Title or Position

<input type="text"/> Street Address	<input type="text"/> City	Nevada	<input type="text"/> Zip Code
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<input type="text"/> Mailing Address (if different from street address)	<input type="text"/> City	Nevada	<input type="text"/> Zip Code
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5. Signature of Represented Entity:

**X**

Authorized Signature

Date

6. I hereby accept appointment as Registered Agent for the above named Entity.

**X**

Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

Date

**FEE: \$60.00**

*This form must be accompanied by appropriate fees.*



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Carson City, Nevada 89701-4201  
(775) 684 5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)

# Customer Order Instructions

Service Requested: ☐ Regular ☐ 24-Hour Expedite (additional fee included)

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Name of Entity:

Date:

Return to:

Contact Name:

Phone:

**Return Delivery** (mark one):

☐ FedEx: Account #

☐ Hold for Pick Up

☐ Mail to Address Above

☐ Other (explain below)

**Order Description** (include items being ordered and fee breakdown)\*:

\* **PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification.)

Total Amount:

Method of Payment:

☐ Check/Money Order ☐ eCheck/Credit Card (attach checklist) ☐ Trust Account

☐ Use balance remaining in job #



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## ePayment Checklist (For Counter, Fax and Mail Requests)

Service Type: Counter ☐ Mail ☐ Fax ☐

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Order Processing Requested: (Expedite Processing Requires Additional Fees)  
Regular Processing ☐ 24-HOUR Expedite ☐ 2-HOUR Expedite ☐ 1-HOUR Expedite ☐

### **Payment by Electronic Check** (account holder name and address required below)

Account Type: ☐ Checking ☐ Savings  
Routing Number:   
Account Number:



Amount of Electronic Check: USD \$

### **Payment by Card** (card holder name and billing address required below)

Card Type: VISA ☐ MasterCard ☐ Discover ☐ American Express ☐

Customer Credit Card Number:   
V CODE\*

\* 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards  
4-digit number found on the front right side of American Express card.

**NOTICE:** For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

Credit Card Expiration Date: Month  Year

Amount to Charge Card: USD \$

### **Order Information** (required)

Entity Name/Order Reference:

#### Account/Card Holder Information:

Name as it Appears on the Account   
Billing Address   
City, State, Zip   
Telephone

### **Payment Authorization**

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

**X**  
\_\_\_\_\_  
Authorized Signature

Not to Exceed Amount: USD \$